

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	States	Requirement(s)
Own Form	AL, AZ, CO, CT, DC, FL, HI, ID, IL, IN, IA, KS, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY	These states require requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.
Notary	AR, AZ, CO, DC, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA	Best to use their form.
Witness	AL, MS, NE, RI, SC	SC will accept notary or witness.
Fee	CA - \$15, CO - \$28 ID - \$20, MN - \$20, PA - \$8, RI - \$10, SC - \$8, VA - \$10, WA-\$20, WY - \$10	Processing fees are reimbursable under Title IV-E administrative expenses.
Original Signature	CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam	
Picture ID	AK, UT	
State	Contact Information	Procedures / Forms
Alabama	Alabama State Department of Human Resources, Family Services Division ATTN: Office of Child Protective Services 50 Ripley Street Montgomery, AL 36130 Phone: (334) 242-9500 Fax: (334) 242-0939 Contact: Ms. Rhonda Brooks, Program Manager Email: Rhonda.Brooks@DHR.ALABAMA.GOV	Form: DHR-FCS-1598 CAN Central Registry Clearance Form Required? Yes Visit the web site below or call central clearinghouse (334) 242-9500 for forms and instructions Signed release required? Yes, and witnessed Methods of transmission: Original signature required, mail only Fee: No Web: www.dhr.alabama.gov
Alaska	Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99051 Phone: (907) 269-4026 Fax: (907) 269-4098 Email: Kenneth.Saucier@Alaska.gov Contact: Ken Saucier or Anna Peratrovich at (907) 269-0329	Form: 06-9437 LIC Clearance Form - Confidential Go to: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx Form Required? Yes— need a photo ID Signed release required? Yes Methods of transmission: Mail, email or fax Fee: no
Arizona	Arizona Department of Child Safety Attn: AWA P.O. Box 6123, Site Code CO 10-19 Phoenix, AZ 85005-6030 Contact: Yvonne Santos Phone: (602) 364-4255 E-mail: DCSCentralRegistry@azdcs.gov	Form: Yes, CSO-1058A Form Form Required? Yes Signed release required? Yes, Fee: no Methods of transmission: E-mail DCSCentralRegistry@azdcs.gov
Arkansas	Arkansas Child Maltreatment Central Registry P. O. Box 1437, Slot S 566 Little Rock, AR 72203 Phone: (501) 682-0404 or 682-8760 Fax: (501) 682-0407 Attn: John Lowden	Form: Yes, CFS-316 form must be completed and notarized. Form Required? Yes Signed release required? Yes, and notarized Methods of transmission: Fax preferred Fee: No

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

<p>California</p>	<p>California Dept. of Justice Bureau of Criminal Information & Analysis CACI</p> <p>P.O. Box 903387 Sacramento, CA 94203-3870</p> <p>Phone: (916) 210-4092 Fax: (916) 227-3253</p> <p>CACI-Inquiry@doj.ca.gov</p>	<p>Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies</p> <p>Form Required? Yes CA Form CA Instructions</p> <p>Signed release required? Yes – as instructed in link above.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$15 Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>CA DOJ Website</p> <p>More info on DSS Adam Walsh Website: CDSS Adam Walsh</p>
<p>Colorado</p>	<p>CDHS Background Investigation Unit Attn: OEC BIU 1575 Sherman Street, Ground Fl. Denver, CO 80203</p> <p>Phone: (303) 866-7436 or (303) 866-4614</p> <p>Contact: Shauna Sayer (303) 866-4694</p>	<p>Form: BIU Individual Inquiry Form (do not use the facility form)</p> <p>Form Required? YES Must be Typewritten, Hand written will not be accepted. To type the form online, please access the form above. Then, click 'Download' in the bottom left corner.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: EFFECTIVE 7/1/2018, \$35.00 (paid by CDSS) made payable to CDHS, BIU, Records and Reports.</p> <p>Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>Website: http://www.coloradoofficeofearlychildhood.com</p>
<p>Connecticut</p>	<p>Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106</p> <p>Phone: (800) 842-2288 Phone: (860) 560-7000 Fax: (860) 560-7071</p> <p>Contact: Lisa Daymonde Email: Lisa.Daymonde@ct.gov</p>	<p>Form: Form #3033 for Foster Care ONLY and Form #3031 for Employment Purpose and Other</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, see instructions at website link</p> <p>Methods of transmission: Mail, Fax, or Email to: DCF.BackgroundCheck@ct.gov</p> <p>Fee: No</p> <p>Website</p>
<p>Delaware</p>	<p>Department of Services for Children, Youth & Their Families 3411 Silverside Road Wilmington, DE 19810</p> <p>Phone: (302) 892-5800 Phone: (800) 292-9582 Fax: (302) 633-5191</p> <p>Contact: Beth Kramer</p>	<p>Form: Consent to Release Child Protection Registry Information. Go to: DE Form</p> <p>Form Required? No. Print form on letterhead. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p>Website:</p>
<p>District of Columbia</p>	<p>Child & Family Services Agency Child Protection Register</p>	<p>Form: Child Protection Register Check Application</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	200 I Street, SE Washington, DC 20003 Phone: (202) 727-8885 Fax: (202) 727-8040 Email: cfsa@dc.gov	Form Required? Yes, click the link above to be taken directly to the form location. While on website, scroll down the page to locate the form that can be filled out online and printed. The form must be notarized, with the original mailed to CBCB. Fee: No Signed release required? Yes, and notarized Method of transmission: Mail only, original signature required
Florida	Department of Children & Families Office of Child Welfare Building 6, 4 th Floor 1317 Winewood Blvd. Tallahassee, FL 32399 Phone: (850) 487-6053 Fax: (850) 487-6064 Contact: Keycee Marshall Email: adamwalsh.requests@myflfamilies.com	Form: FAH form 1651a , Form Required? Yes . Signed release required? Yes Methods of transmission: Mail, fax or e-mail Fee: No Website:
Georgia	Georgia Department of Human Services Division of Family and Children Services Office of Safety Services 2 Peachtree St. NW 18th Floor Atlanta, GA 30303 Phone: (404) 657-4449 Contact: Toi Foster For questions send e-mail to: georgiaadamwalshcheck@dhs.ga.gov	FORM: YES (Website) Method of transmission: e-mail only Georgia's Child Protective Services History Child protective services historical information remains in the Georgia SHINES data system. Obtaining information from this system is governed by O.C.G.A. Section 49-5-41. This statute requires the agency to share information with local, state or federal governmental entities which are performing their obligations to protect children from abuse or neglect. Child Protective Services History Requests are provided to the following: <ul style="list-style-type: none"> • A State/Tribal Child Welfare Agency or Governmental Entity • To an investigator appointed by a court of competent jurisdiction in this state (Georgia Superior Court) to investigate a pending petition for adoption. • *Submit a request on agency letterhead to include all identifying information for the individual to be screened. Under Georgia law, there is no direct method by which a private child welfare agency can obtain CPS information for private foster and adoptive families. Click here to submit a Child Protective Services History Request Click here to submit a Child Protective Services History Request georgiaadamwalshcheck@dhs.ga.gov
Guam	Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue, #309 Hagatna, Guam 96910 Phone: (671) 475-2653/2672 Fax: (671) 477-0500 Email: Linda.rodriquez@dphss.guam.gov	Form: No Form Required? No. Print request for information on letterhead. Signed release required? Yes Methods of transmission: Will accept email or Fax to expedite process, but requires original form by mail to release information Fee: No
Hawaii	Oahu Child Welfare Services Section 3 Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817 Phone: (808) 832-0609	Form Required? Yes. Go to: HI Form Methods of transmission: Mail original consent forms. Fee: No

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	Fax: (808) 832-0628	Website: http://humanservices.hawaii.gov/ssd/backgroundcheck/
Idaho	Idaho Department of Health & Welfare Criminal History Unit 1720 Westgate Drive, Ste. A Boise, ID 83704 Phone: (208) 332-7990 Fax: (208) 332-7991 crimhist@dhw.idaho.gov Contact: Fernando Castro, Program Supervisor Email: castrof@dhw.idaho.gov	Form Required: Yes Go to: Instructions Signed release required? Yes – signed and notarized Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request. Note: Processing fees are reimbursable under Title IV-E administrative expenses. Website: https://chu.dhw.idaho.gov
Illinois	Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701 Fax: (217) 782-3991 Attn: SCR PCU Contact: SCR PCU Phone: (217) 557-0758 Email: cfs689background@illinois.gov	Form: Yes, CFS 689 Authorization for Background Check Form Required? Yes (unless for child protective service investigation) Send as PDF format Signed release required? Yes (unless for investigation) Methods of transmission: Mail, fax or email Please specify on the subject line as: Out-of-State Child Welfare Fee: No Website: www.state.il.us/dcfs
Indiana	Indiana Dept. of Child Services Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204 Phone: (317) 234-5002 Fax: (317) 234-4633 Contact: Scott Hood Email: Background.CheckUnit@dcs.IN.gov	Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line) http://www.in.gov/dcs/3740.htm form name is actually "Indiana Request for Child Protective Service (CPS) History Check" Form Required? Yes – Be sure to use current form. Always include maiden and <u>all</u> married names for female applicants. If you have not received a response, please call – <u>do not</u> send second request. Information will only be provided to CA Social Services. Signed release required? Yes Methods of transmission: E-mail, Fax or mail Fee: No
Iowa	Iowa Central Abuse Registry Iowa Dept. Of Human Services 1305 E. Walnut, 5 th Floor, Hoover Building Des Moines, IA 50319 Phone: (515) 362-7404 Fax: (515) 564-4112 Email: DHSAbuseRegistry@dhs.state.ia.us Contact: Linda Chagoya	Form: 470-0643 Request for Child Abuse Information Go to: WWW.DHS.IOWA.GOV Form Required? Yes http://dhs.iowa.gov/sites/default/files/470-0643.pdf Signed release required? No Methods of transmission: Email is preferred; placing the word "confidential" in the subject line will ensure messages travel as appropriate through our security filter. Fax is ok too. Fee: No
Kansas	Kansas Department of Children & Families Office of Background Investigations PO Box 2637 Topeka, KS 66601 Fax: 785-296-8609 Email: DCF.CentralRegistry@ks.gov	Form: PPS1011 Child Abuse and Neglect Registry Release of Information Rev. 7/2015 Go to: KS Form Form Required? Yes

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

		<p>Signed release required? Yes</p> <p>Methods of transmission: Email preferred if no payment required Fax accepted if no payment required Mail only if submitting payment</p> <p>Fee: No fee for state agencies, all others must pay \$10 per form</p> <p>Website:</p>
Kentucky	<p>Cabinet for Health & Family Services Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: (502) 564-3834 Fax: (502) 564-9554</p> <p>Contact: Amy Phelps Email: AmyE.phelps@ky.gov</p>	<p><u>Foster and Adoptive Parent Applicants</u></p> <p><u>Form- No form required.</u> Type your request on your agency letterhead. Include reason for your request, applicant(s) full name, maiden name (if applicable), date of birth, and full social security number. Agency representative needs to sign the request letter.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail, fax, or email</p> <p>Fee: No</p> <p>Website: http://chfs.ky.gov/dcbs/adamwalshforms.htm</p> <p>For Employment/Volunteer Background Checks, contact Erika Bauford</p>
Louisiana	<p>Louisiana Department of Children & Family Services – Child Welfare Attention: CPS Intake P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: 225-342-9928 Fax: 225-342-3480 Lori Miller, Section Administrator</p> <p>Email: DCFS.ChildProtectiveServices@LA.GOV</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead. Include Name, Aliases; DOB; SSN; Race/Ethnicity, Last Known Address in Louisiana.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Email (preferred), Fax, or Mail</p> <p>Fee: No</p> <p>http://www.dcss.louisiana.gov</p>
Maine	<p>DHHS, Office of Child & Family Services Child Protective Intake Unit 2 Anthony Avenue, SHS #11 Augusta, ME 04333</p> <p>Phone: (800) 452-1999 ext. 2 Fax: (207) 287-5065</p> <p>Contact: Child Protective Intake</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p>
Maryland	<p>Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201</p> <p>Contact Center Verification for Foster Care Phone: (800) 332-6347 or (410) 767-7112</p>	<p>Form: DHR/SSA 1279A Consent for Release of Information/Background Clearance Request (Must be Typed and the 03/2017 edition)</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, and notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p>
Massachusetts	<p>Massachusetts Dept. of Children & Families Attn: CORI Unit 600 Washington Street, 6th Floor</p>	<p>Form: Yes</p> <p>Signed release required? Yes, and notarized.</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	<p>Boston, MA 02111</p> <p>Phone: (617) 748-2203 Toll Free: (800) 792-5200 Fax: (617) 748-2441 Contact: Ibeliv Rosa Email: Ibeliv.Rosa@massmail.state.ma.us</p>	<p>Methods of transmission: MAIL include a SASE or FAX</p> <p>Fee: No</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html</p>
Michigan	<p>Michigan Dept. of Health & Human Services Division of Child Welfare Licensing P.O. Box 30650 Lansing, MI 48909</p> <p>Phone: (269) 337-5237 Fax: (517) 763-0280</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead & include following: reason for request, family names, DOB, SS#</p> <p>Signed release required? No</p> <p>Methods of transmission: FAX</p> <p>Fee: No</p> <p>Website</p>
Minnesota	<p>Minnesota Department of Human Services Background Studies Unit P.O. Box 64172 St. Paul, MN 55164-0242</p> <p>Phone: (651) 478-8254 Fax: (651) 431-7670</p> <p>Contact: Lori Steffan or Stephan Sarumi</p>	<p>Form: Consent/Authorization for Release of Information from Minnesota Child Abuse and Neglect Registry</p> <p>Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail</p> <p>Fee: \$20 to Minn. Dept. of Human Services, Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>Website</p>
Mississippi	<p>Dept. of Human Services Protection Unit P. O. Box 352 Jackson, MS 39205-0352</p> <p>Toll-Free: (800) 222-8000 Phone: (601) 359-4487 Fax: (601) 576-2584</p>	<p>Form: Mississippi uses DocuSign. Provide CBCB with the applicant's valid email address on the LIC-198B. Applicant will receive an email with a link to the DocuSign to complete their part.</p> <p>Signed release required? Yes, via email using DocuSign</p> <p>Methods of transmission: DocuSign</p> <p>Fee: No</p>
Missouri	<p>Missouri Department of Social Services Children's Division P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: (573) 526-1438</p> <p>Contact: Sara E. Smith Background & Screening Unit Email: Sara.E.Smith@dss.mo.gov</p>	<p>Form Required? Yes. Click Here</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email scanned form to: BSIUForms.CD@dss.mo.gov</p> <p>Fee: No</p>
Montana	<p>Montana Child & Family Services Division Records Request PO Box 8005 Helena, MT 59604-8005</p> <p>Phone: (406) 841-2400 Fax: (406) 841-2487</p>	<p>Form: Form #DPHHS-CFS/LIC018</p> <p>Form Required? Yes</p> <p>Signed release required? Yes & notarized</p> <p>Methods of transmission: Mail (if requesting by mail send SASE) or fax</p> <p>Fee: No</p> <p>Website</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

Nebraska	Nebraska Health & Human Services Division of Children & Family Services P.O. Box 95026 Lincoln, NE 68509-5026 Phone: (402) 471-9272 Fax: (402) 742-2344 E-mail: dhhs.cfscentralregistry@nebraska.gov Contact: CPS Central Registry	Form: Yes Requirements: Form must be notarized and sent by mail only Signed release required? Yes Methods of transmission: Mail Only Fee: \$2.50 (paid by CDSS)
Nevada	Nevada Central Registry Nevada Division of Child & Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706 Contact: Bruce Cole (775) 684-7941 Email - DCFS-CANS@dcfs.nv.gov	Form: FPO 0515A: Request for Child Abuse/Neglect Screening Go to: http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc Form Required? Yes Signed release required? No (signed release required for Employer requests only) Methods of transmission: E-mail Fee: No
New Hampshire	NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301 Phone: (603) 271-8383 Fax: (603) 271-4729 Contact: Susan Hallett-Cook	Form: 2202A Central Registry Name Search Authorization Release of Information to Third Party Go to: http://www.dhhs.nh.gov/hr/documents/registry.pdf Form Required? Yes Signed release required? Yes - Notarized Methods of transmission: Mail, original required, include SASE Fee: No Website
New Jersey	Department of Children & Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717 Phone: (609) 888-7711 Toll-Free: (877) 667-9845 Contact: Judith Williams	Form: Yes Form Required: CHILD ABUSE RECORD INFORMATION FORM. See New Jersey Website for instructions. A copy of the facility license is also required. Signed release (consent form) required? Yes Methods of transmission: Mail, original signature required, include SASE Fee: No Website
New Mexico	CYFD Protective Services CRC Unit Room 225 PO Drawer 5160 Santa Fe, NM 87502 Phone: (505) 827-8400 Contact: Ask for CRC Unit	Form: Yes – Abuse & Neglect Check for Prospective Foster/Adoptive Parents Form Required? Yes, form must be typed, go to website for the form Signed release required? Yes – Notary Required Methods of transmission: Mail - Original Signature Fee: No Website: https://cyfd.org/for-providers/info-and-manuals E-mail: CYFD.PSCriminalReco@state.nm.us
New York	Office of Children & Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204	Form: Adam Walsh Authorization for Request for Information OCFS-7067 (2010) Form Required? Yes – NY Form Type Adam Walsh in search field and click on form OCFS-0767

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	<p>Form Info: (518) 474-5297 Phone: (800) 342-3720 Fax: (518) 486-3424</p> <p>Contact: Roberta Frederick</p>	<p>Signed release required? Yes - notarized</p> <p>Methods of transmission: Mail only, original required</p> <p>Fee: No</p> <p>Website:</p>
North Carolina	<p>N.C. Division of Social Services 820 S. Boylan Ave., MSC 2408 Raleigh, North Carolina 27699-2408 Attn: RIL Phone: (919) 527-6340 Fax: (919) 715-6714 Contact: Child Welfare Policy Section</p>	<p>Form Required? Yes, DSS-5268</p> <p>Form: NC Form</p> <p>Instructions: Website</p> <p>Method of transmission: Fax (919) 715-6714</p>
North Dakota	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250</p> <p>Phone: (701) 328-1846 Fax: (701) 328-0358 Contact: Tara Reed Email: dhscfscbc@nd.gov</p>	<p>Form: SFN 433 Child Abuse and Neglect Background Inquiry</p> <p>Form Required? Yes, ND Form must be form revision (12/2017)</p> <p>Signed release required? Yes, part of SFN 433</p> <p>Methods of transmission: Faxed, E-mailed, or mailed</p> <p>Fee: No</p> <p>Website</p>
Ohio	<p>Ohio Dept. of Job & Family Services Office of Families & Children PO Box 183204 Columbus, OH 43218-3204</p> <p>Phone: (614) 752-1298 (866) 635-3748 OPTION 2 Fax: (614) 728-6726</p> <p>Contact: Barbara Parker Email: Barbara.Parker@jfs.ohio.gov or Janice Blue Email: Janice.blue@jfs.ohio.gov</p>	<p>Form: No</p> <p>Signed release required: No</p> <p>Methods of transmission: E-mail to Barbara Parker, fax or US Mail. E-mail transmission is preferred.</p> <ul style="list-style-type: none"> Request must be submitted on the agency letterhead. Request must state that searches are required for the Adam Walsh Child Protection and Safety Act of 2006 (or AWA) and the subject of the searches previously resided in Ohio. Note the specific reason searches are required; e.g., prospective foster parent or applicant for a U.S. adoption. Request should state the full names of individuals requiring searches, including maiden or other names used; date of birth, Social Security Number and, optionally, home address while living in Ohio. <p>Website: http://jfs.ohio.gov/ocf/childprotectiveservices.stm</p>
Oklahoma	<p><u>Request Processing Worker</u> Laurie Anne Morris Phone (405) 522-4051</p> <p>OK Department of Human Services Children & Family Services Division Attn: Laurie Anne Morris PO Box 25352 Oklahoma City, OK 73125</p>	<p>Form: No</p> <p>Please note: Oklahoma does not participate in Adam Walsh background check for prospective foster/adoption parents.</p>
Oregon	<p>Oregon Department of Human Services - Background Check Unit P.O. Box 14870 Salem, OR 97309-5066</p> <p>Fax: (503) 378-6314 Attn: Adam Walsh Coordinator</p> <p>Email:</p>	<p>Form Required? Yes, click here for form.</p> <p>Signed release required? Yes</p> <p>Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006</p> <p>You may email your request to Adam-Walsh.Oregon@state.or.us attach the</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	Adam-Walsh.Oregon@state.or.us	letterhead document.) The results will be securely emailed back. Methods of transmission: Email, fax or mail
Pennsylvania	<p>ChildLine & Abuse Registry Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170</p> <p>Phone: (717) 783-4571 Toll-Free: (877) 371-5422</p> <p>Contact: Out of State Clearance Unit Email: RA-PWCHILDLINEOOS@pa.gov</p>	<p>Form: The Pennsylvania Child Abuse History Clearance (CY113) form can be found at http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm. An online request can also be submitted at https://www.compass.state.pa.us/CWIS.</p> <p>Release form: Yes The agency must submit an authorization/release of information form in order to receive information on out of state requests. Typically, the agency requesting the out of state interpretation will supply this form.</p> <p>Fee: \$8 payable to the Department of Human Services for the PA Child Abuse Clearance. Additional fees may apply as required by other states.</p> <p>Method of Transmission:</p> <ul style="list-style-type: none"> For a PA Child Abuse Clearance by walk-in, mail or online only. For Out of State requests walk-in and mail only. Questions can be directed to the RA-PWCHILDLINEOOS@pa.gov email account. More information about Pennsylvania Child Abuse Clearances can be found on www.keepkidssafe.pa.gov.
Puerto Rico	<p>Directora Centro Estatal PO Box 11398 San Juan, PR 00910-1398</p> <p>Phone: (787) 625-4900 ext 1720 Contact: Wilda Moctezuma OR Damaris Medina E-Mail wmoctezuma@familia.pr.gov Or DMedina@familia.pr.gov</p>	<p>Form: Yes</p> <p>Form Required? Yes (located at the bottom of this document)</p> <p>Signed release required? No</p> <p>Methods of transmission: wmoctezuma@adfan.pr.gov</p> <p>Fee: No</p> <p>Not clear if there is a registry for child abuse. There is a sexual offender registry</p>
Rhode Island	<p>Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship St, 2nd Floor Providence, RI 02903 Phone: (800) 742-4453 (401) 528-3842 Fax: (401) 528-3480</p> <p>Contact: Jan Mitchell Email: Janice.mitchell@dcyf.ri.gov</p>	<p>Form: No</p> <p>Form Required? Request on Agency Letterhead</p> <p>Signed release required? Yes, and witnessed</p> <p>Methods of transmission: US mail only</p> <p>Fee: \$10.00 make check payable to: General Treasurer, State of Rhode Island</p> <p>Website</p>
South Carolina	<p>South Carolina Department of Social Services Central Registry P.O. Box 1520 Columbia, SC 29202-1520 Phone: (803) 898-7318 Fax: (803) 898-7641 Contact: Portia T. Hawkins or Louise Cooper Email: portia.hawkins@dss.sc.gov louise.cooper@dss.sc.gov</p>	<p>Form: DSS Form 3072 Consent to Release Information, Go to: SC Form</p> <p>Form Required? Yes.</p> <p>Signed release required? Yes, witnessed or notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$8</p> <p>Website: www.state.sc.us/dss</p>
South Dakota	<p>Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501-2291 Phone: (605) 773-3227 FAX: (605) 773-6834 Contact: Nicole LeBeau Email: nicole.lebeau@state.sd.us</p>	<p>Form: Yes</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, witnessed and notarized</p> <p>Methods of transmission: Mail, original required</p> <p>Fee: No</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

Tennessee	<p>Tennessee Dept. of Children's Services UBS Tower, 7th Floor (Due Process Procedure) 315 Deaderick Street Nashville, TN 37243</p> <p>Contact: Larry Phillips Phone: (615) 532-9856 Email: EI_DCS_CPS_CentralRegistryCheck@tn.gov</p>	<p>Form: Yes</p> <p>Form Required? Yes</p> <p>Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. NOTE: This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services)" to "release" any CPS history information to "you".</p> <p>Send a cover letter on your agency's letterhead briefly stating the reason you are requesting a central registry search and a copy of your agency's current/active license.</p> <p>Methods of transmission: E mail ONLY: EI_DCS_CPS_CentralRegistryCheck@tn.gov (Note: if typed, spaces are underscored) In the subject line enter Out of State Request along with applicant's first initial and last name. ***If you are requesting a registry check in response to the changes for Childcare licensing the request should be sent to EI_DCS_CPS_CentralRegistryCheck@tn.gov ***</p> <p>Fee: No Website Search for Form CS-0741, complete it and send in Word format.</p>
Texas	<p>Texas Department of Family & Protective Services CBCU TX Abuse Neglect BGC, M/C 121-7 PO Box 149030 Austin, TX 78714-9030</p> <p>Contacts: Phone: (800) 645-7549 Fax: (512) 339-5829 Email (Preferred): TXAbuseNeglectBGC@dfps.state.tx.us</p>	<p>Form: 2970 Request for Child Abuse/Neglect Central Registry, use revised form dated September 2017.</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, notarized</p> <p>Please Notice: DFPS Centralized Background Check Unit (CBCU) now accepts Central Registry requests electronically. Requestors can scan/email the 2970 form directly to: TXAbuseNeglectBGC@dfps.state.tx.us or fax to: (512) 339-5829. If you have questions or are seeking the status of a check, you can utilize the email address or call the Support Line (1-800-645-7549). CBCU will continue to accept the 2970 by regular mail, as well. Requestors should access the most current form by going to the DFPS website and searching for the 2970 form, found here: http://www.dfps.state.tx.us/site_map/forms.asp</p> <p>IF this request is for a CPS investigation: SWI (Statewide Intake), takes requests like these. The caseworker needs to put their request on their state agency's letterhead and fax it to: 800-647-7410. The letterhead should include as much identifiers as possible on the subjects of the BGC, including any prior addresses. SWI can be reached at 1-800-252-5400</p> <p>Fee: No Website</p>
Utah	<p>Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: (801) 538-4466 Fax: (801) 538-3993</p> <p>Contact: Cherri Joy Email: dcfscentralregistry@utah.gov</p>	<p>Form: Yes NEW FORM REVISED JANUARY 2018</p> <p>Form Required? Yes ID Needed: Client driver's license or passport</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, fax or e-mail, also include a copy of the person's picture identification Fee: No Website</p>
Vermont	<p>Child Abuse Registry Unit DCF/Family Services Division</p>	<p>Form: YES, Website</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

	<p>103 South Main Street, Osgood 3 Waterbury, VT 05671-2401</p> <p>Phone: (802) 541-0873 Fax: (802) 241-3301</p> <p>Contact: JoAnn Berno Email: JoAnn.Berno@vermont.gov</p>	<p>Signed release required? Yes, and must be Notarized</p> <p>Methods of transmission: U.S. Mail, include SASE</p> <p>Fee: No</p>
Virginia	<p>Virginia Dept. of Social Services Child Abuse Central Registry Unit OBI Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219-2901 Phone: (804) 726-7567 Toll-Free: (800) 552-7096 Fax: (804) 726-7897 Contact: Betty Whittaker, Central Registry Supervisor Email: betty.whittaker@dss.virginia.gov</p>	<p>Form: Yes, 032-02-0151-12 Central Registry Release of Information Form</p> <p>Form required? Yes, and notarized. It is preferred that Part III of the Virginia form include the Notary Seal. However, Virginia will accept the Notary Stamp on a separate form if Part III fields are completed by the Notary.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: Yes - \$10 (EFFECTIVE 08/18/2015)</p> <p>Website:</p>
Virgin Islands	<p>Department of Human Services Children & Family Services Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802</p> <p>Phone: (340) 774-0930 ext 4393 Fax: (340) 774-0082</p> <p>Contact: Carla Benjamin, Administrator Email: carla.benjamin@gmail.com or Janet Turnbull-Krigger, Administrator Email: turnbullkrigger@yahoo.com</p>	<p>Form: No, Place request information on letterhead</p> <p>Signed release required? No</p> <p>Method of transmission: email</p> <p>Fee: no</p>
Washington	<p>DSHS Children's Administration, FISCAL NCIC Access Unit Central Intake Office Attn: CAN History Check PO Box 45710 Olympia, WA 98504-5710 Phone: (800) 562-5624 Fax: (206) 341-7930</p> <p>Contact: Lucy McCornell</p> <p>Email: CANhistorychecks@dshs.wa.gov</p>	<p>Form: DSHS #23-041 https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/23-041.docx</p> <p>Form Required? Yes and TYPED</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email and fax</p> <p>Fee: \$20.00</p> <p>Website: https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states</p>
West Virginia	<p>West Virginia Department of Health & Human Resources 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax: (304) 558-5354</p> <p>Contact: Elizabeth Hughes Email: Elizabeth.A.Hughes@wv.gov</p>	<p>Form: BCF-PSRC Authorization and Release for Protective Services Record Check</p> <p>Form Required? Yes, Go to: WV Form</p> <p>New FORM and New INSTRUCTIONS effective 3/1/2014</p> <p>Signed release required? Yes, require original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p>Website:</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES - October 17, 2018

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

<p>Wisconsin</p>	<p>Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703</p> <p>E-Mail Address: CWBckgrdRequests@wisconsin.gov</p> <p>Fax: (608) 226-5521</p>	<p>Form: https://dcf.wisconsin.gov/files/forms/doc/5065.docx</p> <p>Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-Mail or fax</p> <p>Fee: Not at state level but counties may charge a fee</p> <p>No Central Registry</p> <p>Website</p>
<p>Wyoming</p>	<p>Department of Family Services 2300 Capitol Ave. 3RD Floor Cheyenne, WY 82002</p> <p>Phone: (307) 777-8538 Fax: (307) 777-3693</p> <p>Contacts: Stephanie Knowles (307) 777-5894 stephanie.knowles@wyo.gov or Heidi Teasley (307) 777-8538 heidi.teasley@wyo.gov</p>	<p>Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens</p> <p>Form Required? Yes, include all pages and a Self-Addressed Envelope</p> <p>Signed release required? Yes, with original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$10.00 (Waived for a state agency request, contact Wyoming for correct form)</p> <p>Website</p>

Updates to the information listed should be directed to: James.Crosby@DSS.CA.GOV

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page:

<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

Attention California FFH and FFAs: CBCB requires that applicants be Live Scanned prior to sending the required documents. Required documents include a [LIC 508D](#) with signature, [LIC 198B](#) with witness signature, and a State Form if applicable. When completing another state's form, the "Requestor" section can be left blank since CDSS Adam Walsh Unit must always be the "Requestor" and sign the form in blue ink. CDSS pays the fee, if any.

Attention California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor". The subject of the inquiry is NOT the "Requestor"

Puerto Rico Form

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE LA FAMILIA
ADMINISTRACION DE FAMILIAS Y NIÑOS
CENTRO ESTATAL DE PROTECCION A MENORES
REGISTRO CENTRAL DE CASOS DE PROTECCION

SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO, MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Parte I: Para ser Completada por la Agencia o el Individuo Solicitante

Nombre de la Agencia o Individuo Solicitante		Apodo
Dirección Postal		
Dirección Residencial		
Número de Teléfono	Número de Fax	Correo Electrónico

Propósito de la Búsqueda:

- ☐ Adopción ☐ Adopción Privada ☐ Comunidad
☐ Cuidado Sustituto ☐ Patrono ☐ Otros: Especifique: _____
☐ Licenciamiento ☐ Servicios Interagenciales

Parte II: Complete la Información sobre la Persona de Quien se Hace la Búsqueda de Antecedentes:

Datos de Identificación:

Nombre	Inicial	Apellidos
Fecha de Nacimiento (Día/Mes/Año)		Edad
Género: <input type="checkbox"/> F <input type="checkbox"/> M		

Número de Seguro Social: XXX-XX-_____ Estatus Civil: _____

Dirección de los Últimos Cinco (5) Años:

Direcciones (Comenzando con la más reciente. Identifique Barrio, Sector, Urbanización, Núm. Calle, Número de Apartamento)	Desde Día-Mes-Año	Hasta Día-Mes-Año
Dirección 1:		
Dirección 2:		
Dirección 3:		
Dirección 4:		
Dirección 5:		

This Contact List is maintained for the use and benefit of Foster Family Agencies and Foster Family Homes located in California only

Lugar Anterior de Trabajo: _____

☐ Escuela Pública o Privada ☐ Institución Juvenil ☐ Centros Residenciales de Rehabilitación (Adicción, Alcoholismo, Salud Mental y de Salud)

SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO,
MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Certificación y Consentimiento:¹

Certifico que la información contenida en este formulario, es correcta y autorizo al Centro Estatal, Registro Central de Casos de Protección a Menores, a realizar los procedimientos correspondientes, basados en mi información personal, para certificar el resultado de la búsqueda de antecedentes de Maltrato, Maltrato Institucional, Negligencia y Negligencia Institucional.

_____ Nombre	_____ Firma	_____ Día-Mes-Año
_____ Nombre de Testigo de Firma	_____ Firma	_____ Día-Mes-Año

Autorizo que el resultado de esta búsqueda sea notificado a la Agencia o Individuo Solicitante (Parte I de esta Forma).

Nombre

Dirección

_____ Nombre	_____ Firma	_____ Día-Mes- Año
-----------------	----------------	-----------------------

LA/CMC/ldj
11/2010

¹ Se utilizará testigo de firma o marca cuando se refiere a persona que no sabe leer ni escribir, no vidente, audio/impedido u otro que requiera asistencia para hacer la solicitud.